

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XIX.]

WEDNESDAY, JANUARY 16, 1839.

[NO. 24.]

DR. MARSHALL HALL ON PUERPERAL DISEASES.

(Continued from page 360.)

HAVING detailed to you the particularities of abdominal inflammation, and of intestinal irritation, as *puerperal diseases*, I now proceed to do the same in regard to *The Effects of Loss of Blood in the Puerperal State*.

These effects of loss of blood usually present themselves to our notice in rather an insidious manner; they are not generally introduced by rigor, or heat, or any other acute symptom; though I think there may be exceptions to the last part of this rule. It is an important remark, that the remoter effects of loss of blood are frequently developed in cases in which there is also intestinal irritation in a dormant form, but that they very rarely occur in conjunction with inflammation; the effects of loss of blood, when they do occur in cases of inflammation, generally denote that the inflammatory action has been subdued.

I have already observed, that there is rarely either rigor or heat of surface; there may be transient chills and flushes, and slightly augmented temperature; but the countenance, and especially the prolabium, is generally pallid and the skin in a natural state.

The case is usually denoted by a throbbing fulness, with moderate frequency of the pulse, throbbing pain of the head, and palpitation of the heart, which is apt to alternate with a state of syncope on slight exertion, or on assuming the erect posture; and there is usually a degree of panting. There is a characteristic susceptibility to fainting, on taking a very small quantity of blood.

I have repeatedly known the effects of loss of blood to be mistaken for inflammation of the brain, on the one hand, and disease of the heart on the other. I consider this an important remark, as suggesting at once two characteristics of this affection, and the necessary caution in the diagnosis in puerperal diseases.

When the head is affected from loss of blood, there are much beating and throbbing of the temples, pain, a sense of pressure, or vertigo, with rushing or cracking noises.

When the heart is affected, there are great fluttering, beating, or palpitation, starting during sleep, hurry and alarm on awaking, sometimes with faintishness, a feeling of sinking, or of impending dissolution, &c., and with the palpitation, there are frequently beating and throbbing of the carotids, and sometimes of the abdominal aorta, perceptible to the

touch, or even to the eye. These affections sometimes recur in the form of attacks, which are attended by much hurry and alarm.

Besides these more marked affections of the head and heart, which render it so necessary to distinguish this affection from inflammation or disease of those organs respectively, there are many symptoms which occur in a less marked degree or form. There is frequently an inability to bear noise, or disturbance, or even the act of thinking with attention; but there is rarely intolerance of light; the last symptom usually denoting a state of intestinal irritation. There are frequently vertigo, or faintishness, on any exertion, or on assuming the erect posture; and when these two are combined, there has sometimes been a sudden and unexpected fatal termination of the patient's sufferings. In many cases there are great faintishness, and urgent demand for the smelling bottle, for the fan, or the fresh air, and for cold applications to the face or temples, and a sad feeling of impending dissolution. The respiration is affected, in different cases, with panting, hurry, sighing, heaving, blowing, moaning, gasping, catching, &c. There is, in some cases, an irritative cough, in violent fits, or in the form of perpetual hacking, apparently arising from an affection of the larynx and trachea. The stomach is liable to be affected with retching, vomiting, hiccough, and eructation, and the bowels, even in cases in which they were not previously disordered, become variously deranged, with constipation, diarrhoea, and flatulency.

There are frequently, in severe cases, urgent restlessness and agitation.

In some cases there are various spasmodic affections. In other instances there are catching pains, which are apt to be mistaken for inflammation.

There are frequent changes, sudden attacks of alarming symptoms, a sense and fear of impending dissolution, urgent messages, &c., which become sad characteristics of this affection.

Another characteristic consists in the faintishness, gasping or feeling of dissolution, which sometimes follows even a slight bloodletting; an awfully sudden death has immediately ensued upon a full and mistaken bloodletting at this critical period.

Even the operation of purgative medicine has sometimes induced a degree of faintishness.

Every source of disturbance, of anxiety, or of alarm, and every kind of effort either of mind or body, is apt to be followed by a return or exasperation of the symptoms, and cannot be said to be free from danger.

I have already remarked, that an effort of the muscles, and assumption of the erect posture, have proved suddenly fatal. This sad event occurred to a lady who raised herself in bed, in this exhausted state, to make water; she fell down and expired.

But when the fatal event from loss of blood is not sudden, in this manner, the state of reaction sometimes yields to one of fatal sinking.

The symptoms of exhaustion with excessive reaction, may gradually subside and leave the patient feeble, but with returning health; or they may yield to the state of sinking. This term is adopted not to express a state of negative weakness merely, which may continue long and issue

in eventual recovery ; but to denote a state of positive and progressive failure of the vital powers, attended by its peculiar effects, and by a set of phenomena very different from those of exhaustion with reaction.

If in the latter, the energies of the system were augmented, in the former, the functions of the brain, the lungs and the heart are singularly impaired. The sensibilities of the brain subside, and the patient is no longer affected by noises as before ; there is, on the contrary, a tendency to dozing, and gradually some of those effects on the muscular system, which denote a diminished sensibility of the brain, supervene, as snoring, stertor, blowing up of the cheeks in breathing, &c. ; instead of the hurry and alarm on awaking, as observed in the case of excessive reaction, the patient in the state of sinking requires a moment to recollect herself and recover her consciousness, is perhaps affected with slight delirium, and is apt to forget the circumstances of her situation, and, inattentive to the objects around her, to fall again into a state of dozing.

Not less remarkable is the effect of the state of exhaustion, with sinking, on the function of the lungs ; indeed, the very first sure indication of this state is, I believe, to be found in the supervention of a crepitus in the respiration, only to be heard at first on the most attentive listening ; this crepitus gradually becomes more audible, and passes into slight rattling, heard in the situation of the bronchia and trachea ; there is also a degree of labor or oppression, sighing, hurry, and blowing in the breathing, inducing acuteness in the nostrils, which are dilated below and drawn in above the lobes, at each inspiration ; in some cases there is besides, a peculiar catching, laryngeal cough which is especially apt to come on during sleep, and awakes or imperfectly awakes the patient.

The heart has, at the same time, lost its violent beat and palpitation, and the pulse and arteries their bounding or throbbing.

The stomach and bowels become disordered, flatulent and tympanitic, and the command over the sphincters is impaired.

The last stage of sinking is denoted by a pale and sunk countenance, inquietude, jactitation, delirium, and coldness of the extremities.

I shall exemplify the effects of loss of blood in the puerperal state, by several interesting cases. They will serve as examples, and as guides, in regard to these fearful events.

Mrs. —, aged 35, was confined on Friday the 11th of June. For several weeks previously to delivery, she had been subject to pain of the head, and of the left side, which were relieved by an attention to the state of the bowels.

After the expulsion of the placenta, there was considerable hæmorrhage, which induced great exhaustion ; two doses of forty drops of tinctura opii were given within two hours, with the effect of producing sleep. The flow of milk commenced on the same day, and was very copious.

About three hours after delivery, Mrs. — was seized with a violent pain of the crown of the head, confined to a space which could be covered by the hand ; the pulse was 80 only ; there was much thirst ; the tongue was little affected ; the skin was natural. This pain was re-

lieved by the cold lotion, and opening medicines, and Mrs. — continued better during ten days.

On the night of Monday, June the 21st, Mrs. — was taken about 12 o'clock, with severe shivering, which was succeeded by intense heat and dryness of the skin, great pain of the head, and intolerance of light and of noise. At ten o'clock on the succeeding morning, these symptoms still continued; the pulse was from 120 to 130, and sharp; the pain of the head was throbbing, and the head felt as if bound tight; the tongue was parched. Ten ounces of blood were taken from the arm, which produced temporary faintness, but some relief; the cold lotion was applied to the temples. At seven o'clock in the evening the pain of the head was as severe as ever, especially if the lotion were not constantly applied; the pulse was 120; the tongue not so dry; the blood already drawn was buffy. Twelve ounces of blood were taken from the arm. This was followed by great faintness, and gasping breathing—to such a degree, indeed, as to lead to the apprehension of dissolution. On recovery, the pain and intolerance of light and sound remained as before; the pulse rose to 130. Leeches were applied to the temples and the cold lotion over the head; two grains of calomel were ordered to be taken every two hours; and an opening mixture and an enema were prescribed.

At four o'clock on the morning of Wednesday the 23d, the symptoms continued with little change; the pulse was 120; there was much gaping. Six leeches were applied to the temples, a blister to the nape of the neck, and the medicines were continued.

On Thursday morning, the 24th, the pulse was 100, and she appeared better, but complained of a degree of beating of the heart. At four in the afternoon the pulse was 120, the breathing was deep, sighing and rare, and there was a sense of fluttering at the heart, the affection of the head still continuing. Two grains of opium and five of calomel ordered to be taken immediately.

At two o'clock on Friday morning, Mrs. — was distressed with a feeling of hurry and impending dissolution, and of being "overcome" by sleep; the pulse was 120; and there were sighing and interrupted breathing. At eleven o'clock she was more comfortable—the pulse was 100; there was less pain of the head, and of intolerance of light and sound, less sighing and less faintishness; she had been able to sleep for ten or fifteen minutes without feeling overcome; there was some fluttering.

From this day the amendment was progressive, though slow, and on the 29th the following report was made. There have been some pain of the head, fluttering, faintishness, feeling of dissolution, sighing, breathing, restlessness, &c., at different times, but less than on the 25th; the skin has been in general hot, but once moist; the pulse about 100; the bowels rather disordered, and the stools dark and offensive.

A similar report was made on July the 3d. It also stated that the pulse was easily hurried, that there was an evident movement of the abdomen from the action of the aorta; and that there had been occasionally hurry and alarm during sleep.

On July the 7th, it is reported that Mrs. — is greatly susceptible of the effects of corporeal exertion or mental emotion, which induce hurry, throbbing, palpitation, &c. ; and there are still some throbbing or pulsation observed in the neck and about the heart ; some tendency to sighing breathing, faintishness, &c. ; there is also a return of the pain of the left side experienced during the latter period of pregnancy.

On July the 16th there were still throbbing and palpitation on any exertion, and hurry on the slightest occasion ; lowness and faintness ; starting and hurry on falling asleep and on awaking ; and a visible pulsation of the abdomen.

From this period until the 4th of August, Mrs. — continued to recover in the most favorable manner, when she again experienced a degree of shivering, heat, and pain of the head, and of the side. The medical attendants were called ; the pulse was 104 ; the skin hot ; there were pain of the head ; the feeling of dissolution on falling asleep ; fluttering, faintishness ; repugnance to food ; severe, but ineffectual retching ; the flow of milk lessened ; no vaginal discharge. She could not bear to sit up, the window was wide open, a fan and smelling bottle lay on the bed, and the candle was shaded. The bowels had been moved and some dark and *fœtid* motions passed.

The anorexia had existed for some days, the bowels had been disordered, and Mrs. — had parted with Mr. —, who was gone a journey, circumstances which had appeared to conduce to this attack. A brisk purgative was prescribed, and a draught with *tinctura opii*, *spiritus ammoniæ aromaticus*, and ether, was directed to be taken, if the operation of the purge should be too great. In the evening I found the medicine had induced four or five alvine evacuations, which were free from *fœtor* or even odor. The feeling of faintness continued, and the pulse was extremely uncertain in frequency, varying from 84 to 100 in a minute ; there were frequent deep sighs, and often gasping, with loathing nausea, and occasionally severe retching. Some beating about the chest, some restlessness, and considerable tremor. She took a little dry toast, a little weak brandy and water, and a little porter, and was ordered half a grain of opium, two grains of *carbonus ammoniæ*, and three of *extractum hyoscyami*, to be taken every three hours. This induced much sleep, the first part of which was attended with the same overwhelming feeling as before, but the latter greatly refreshing, and on the morning of August the 5th, she was better in every respect. In the evening she was still better, but complained of oppression, which was attributed to the extreme closeness of the evening. There had been one feculent motion.

On August the 6th, Mrs. — was very much better. There had been a dark, *fœtid*, alvine evacuation.

From this time the recovery was progressive, rapid, and permanent, and the patient continues to enjoy a good state of health, with the exception of a disordered state of the digestive organs.

Mrs. —, aged 44, mother of a large family, became pregnant about the beginning of October, and from that period was subject to sickness, and a very irregular state of the bowels, constipation continually alter-

nating with diarrhœa. About the ninth week after conception, there was a flow of fluid by the vagina, which did not coagulate; this flow continued a week, then ceased, but afterwards returned and continued, with the exception of two or three days, until at length the discharge formed into coagula, and abortion took place five weeks after the first flow.

Subsequently to this event there were weekly returns of uterine hæmorrhage, which continued for about two days, and then ceased, again to recur after an interval of about five days.

Before and after the abortion, Mrs. — experienced much tremor, faintishness and fluttering, and was unable to bear any noise or cause of hurry. These symptoms were aggravated more and more at each recurrence of the hæmorrhage, which was always preceded by tumidity and a sense of fluttering about the abdomen, and by a peculiar inability to bear any noise or hurry, which always induced the feeling of approaching dissolution; after the loss of blood there were also severe pain of the forehead, and palpitation of the heart, with tendency to syncope, chilliness, sense of want of air, &c. These symptoms became more and more distressing and serious at each return. The feeling of impending dissolution was so dreadful at length, that, as the patient expresses herself, not only noise and hurry, but even thinking, was too much for her; and the subsequent affection of the head, &c., became very alarming.

I saw Mrs. — on February the 22d. She then complained of severe pain and heaviness of the head, with vertigo on raising herself from the pillow, of deafness, with a humming noise and beating in the ears, and of dimness of sight. She had been very wakeful, but on falling asleep at any time, she awoke hurried, alarmed and overcome, and experiencing a sense of dissolution; or, if she continued to sleep, she was much disturbed by frightful dreams. She had much palpitation of the heart, with fluttering, and a very irregular and intermittent pulse; these symptoms were so much aggravated by any noise or disturbance, as to induce the feeling of impending dissolution, or, as the patient expresses it, of "instant death." There was also great tendency to syncope, requiring the window to be opened, the face to be washed with vinegar, and the smelling bottle to be applied to the nostrils; other odors, however, could not be borne. There was no nausea or sickness. The bowels had all along required purgative medicines, and the alvine evacuations were copious, dark-colored and fœtid. There was much loud rolling of the bowels. No pain of the side or uterine region. There were great pallidness and loss of flesh.

The affection of the head and other symptoms were not only aggravated, but distinctly reproduced, by each return of the flooding, and the patient was always enabled to foretell the recurrence of hæmorrhage by her feelings of internal abdominal fluttering and fulness, and the effect experienced from noise and disturbance.

I prescribed a lotion consisting of two drachms of sulphas zinci, dissolved in sixteen ounces of water, to be inserted by means of a scroll of linen into the vagina; purgative medicines, and the saline effervescent

mixture. The lotion suppressed the hæmorrhage, of which she had only one recurrence, and she recovered most speedily and favorably.

Mrs. —, aged 24, was affected with continued and profuse uterine hæmorrhage after delivery, for many weeks. The countenance became, in consequence, extremely pale and exanguinous, as well as the hands and general surface; the pulse became frequent and bounding; the head affected with throbbing pain, and, afterwards, the heart with beating, the action of the carotids being very evident to the eye and to the finger; the tongue was furred, and affected with large and prominent papillæ; and the alvine evacuations were very fœtid. Mrs. — recovered much from taking opiate and aperient medicines, and on being allowed a little ale.

In this state of convalescence Mrs. — was extremely alarmed and agitated by the occurrence of a storm of thunder and lightning, and became affected with excessive diarrhœa, hurry, and palpitation of the heart, the pulse being too frequent to be counted, and threatening of dissolution. This state was relieved by opiates.

On the succeeding day the countenance was again exanguinous, the pulse extremely frequent, the carotids beat violently, and there were great hurry, faintishness, and debility; the appetite, which had previously returned, again failed; the bowels were open; there was pain from retention of urine; no uterine discharge.

From this time Mrs. — recovered favorably and permanently, on using the same medicines as before.

[To be continued.]

THOMSONISM.

[Communicated for the Boston Medical and Surgical Journal.]

We are not very fond of calling names, even that of Thomsonism. We have never seen Dr. Thomson, nor read anything of consequence from his own pen. Our attention has, indeed, been sometimes drawn to the subject by the public papers, and by the stories in them of supposed deaths from the Thomsonian practice. We have, also, occasionally taken up a journal which professed to be devoted to the dissemination of Dr. T.'s principles.

We have lately seen the tenth number of a semi-monthly paper of this sort, published at Poughkeepsie, N. Y. and entitled the "Thomsonian." It is a well-printed quarto paper of eight pages, and is edited in a more respectable manner than any paper of the kind we have ever seen. We are especially glad to find in it several good articles on the preservation of health. Still we are not, in general, quite satisfied either with its tone and spirit, or the doctrines it advances. Take, for example, a long article entitled "The Beauties of Calomel, or Calomel Lolling."

The writer—after inserting a caricature engraving of a calomel patient—begins by describing calomel itself. Next, he speaks of its effects. Here, however, instead of going fairly forward and showing its general effects, he presents only those which are incidental and occasional. It

is true that in doing this, he quotes the words of standard writers on its use, and says that "out of their own mouths they shall be condemned." Would he be willing to have the tables turned against himself? He extols the use of lobelia, hemlock, turpentine, camphor, valerian, sumach, cherry and peach kernels, &c.; now would he deem it fair if we should collect and present, as their legitimate effects, all the incidental evils they have produced or are liable to produce?

We neither deny, nor attempt to deny, that calomel is a poison; a very active one, too, injudiciously prescribed; but so are all of the more efficient medicines. It is their poisonous character in which their medicinal power consists. We do not take medicine because it is friendly to the healthy action of the human system, but because it is opposed to healthy action, for the time, and causes a temporary disturbance of the functions. But is calomel, because it happens to be a mineral, any more injurious to the living system than vegetables which are at least as poisonous? Will calomel compare, for one moment, in its deadliness, with prussic acid? And yet the "Thomsonian" recommends the latter; or, at least, the peach kernel, which contains it.

But there is another article in the "Thomsonian" which has attracted our attention more than all the rest. It is an article headed "Thomsonian Materia Medica." In endeavoring to correct the prevalent but erroneous idea that the Thomsonian practitioners use but one or two articles in all, and that steam, cayenne and lobelia constitute the materia medica of the Thomsonian system of medical practice, the writer not only contends that the Thomsonians use a greater number both of simple substances and mixtures than the "mineralites," as he calls them, do; but goes further, and asserts that "there is no article or plant ever recommended by Dr. Samuel Thomson as a remedial agent—there is none contained in his materia medica or used by those who bear his name (a bold assertion, truly) or practise upon his system, which contains a particle of narcotine or poison, and which does not harmonize with the laws of life and aid nature in her efforts to overcome the disease and restore the patient." And as if this was not strong enough, he says again, "We say decidedly, and without fear of contradiction, that there is no article used by Dr. Thomson or his followers which might not be eaten by spoonfuls, like food, and yet produce no other effects than nausea, vomiting or purging."

In order, however, more fully to convince the public, as it would seem, of the truth of his statements, he subjoins what he calls a list of all the principal articles used by the Botanic practitioners. It is as follows.

"Lobelia, cayenne, bayberry, pond lily, hemlock, sumach, wild hazel, sweet briar, poplar, squaw weed, balmony, barberry, peach kernels, bitter root, Ohio kercuma, yellow root, cherry kernels, valerian, myrrh, ginger, black pepper, camphor, turpentine, peppermint, spearmint, summer savory, pennyroyal, horehound, elecampane, May weed, wormwood, tansy, chamomile, mullen, burdock, featherfew, black birch, bitter sweet, skunk cabbage, wake robin, boneset, evans root, clivers, balsam fir, slippery elm, Virginia snake root, mustard, horse radish, butternut, blue vervain, white vervain, sweet golden rod, pipsissawa, bitter thistle, yel-

low dock, lovely thistle, prickly ash, wild lettuce, unicorn root, gold thread, archangel, balm of Gilead, ginseng, meadow fern and red clover."

All these articles, it is asserted, "without fear of contradiction," may be "eaten by spoonfuls, like food, and produce no other effects than nausea, vomiting or purging." What can this mean? Can camphor, valerian, turpentine, lobelia and sumach—to say nothing of the rest—be eaten in this way, and without any intoxicating or narcotic effects? We know better. Every tyro in medicine knows better. Thousands who have taken these articles know better. The editor of the Thomsonian ought to know better. No healthy individual, unaccustomed to these articles, can take a spoonful of either of them—we presume he means a table spoonful—without experiencing their intoxicating or narcotic effects.

But perhaps the editor of the Thomsonian will ask for proof that these articles have other effects than those which they produce on the stomach and bowels. Will he be satisfied with the testimony of his own favorite author—Hooper?

That writer, in his Medical Dictionary, represents camphor as an *antispasmodic* and antiseptic, and says it possesses the power of obviating the strangury that is produced by cantharides. Valerian is also represented as an *antispasmodic*; and, indeed, as a narcotic. All kinds of turpentine are represented as hot, stimulating, corroborant and detergent; "when carried into the bloodvessels," we are told, "they excite the whole system." It is also *diuretic*. All kinds of sumach, except the *Rhus coriaria*, he says, are "active poisons;" but the kind here referred to is the *Rhus glabra*. The *arum maculatum*, wake robin, when cut in slices and applied to the skin, has been known to make blisters. It is a powerful stimulant.

Cullen, in his *Materia Medica*, classes bitter sweet and camphor among the *narcotics*; wormwood, pennyroyal and valerian, among the *antispasmodics*; archangel and pepper among the *sialagogues*; horehound, pennyroyal and elecampane among the *expectorants*; balm, spearmint, pennyroyal, peppermint, mustard, archangel, turpentine, pepper, ginger, ginseng, wake robin, &c., among the *stimulants*, &c.

Let us hear the testimony of Linnæus. The valerian, he says, is "narcotic, *antispasmodic*, sudorific, purging and diuretic." Camphor is "aromatic, acrid, antiseptic, and *antispasmodic*." The turpentine is "bitter and acrid"—useful in phthisis, coughs, &c.; but medicines which act merely on the first passages are not usually so. The butter-nut, he also says, is *narcotic*.

We might add the testimony of other writers, but it seems unnecessary. We have selected Linnæus from the ancients, and Hooper and Cullen from the moderns, neither of whose authority will probably be disputed or doubted. Every one's observation might remind him—should he use them—that most of these articles have narcotic properties. Let him try a piece of camphor half as large as a small chesnut; or a teaspoonful of valerian or lobelia. His doubts, if he has any, will soon disappear.

We will only add that ginger, pepper, myrrh, mint, chamomile, winter-green, and, indeed, most of the articles belonging to Thomson's *materia medica*, are represented by the best writers as having other properties than those which the editor of the Thomsonian has mentioned. The peach and cherry kernels, for example, contain the prussic acid, one of the most deadly poisons in its effects on the nervous system. "The prussic acid," says Dr. Gorham, in his *Chemistry*, at page 469 of vol. 1, "may be procured from the kernels of the peach." "Its action upon the animal economy is wonderful," he adds; "it operates as a deadly poison; and its action is more virulent than that of any of the substances marked in this class; for even in minute quantity it produces, in its pure and concentrated state, instant death."

Is there not a want of harmony in these statements? We cannot suppose that all Thomsonian physicians are ignorant of the authorities we have quoted. But if not, how do they get over them?

For ourselves, we do not believe that the action of one in six of the remedial agents of the foregoing list is confined to nausea, vomiting and purging—that is, confined to what physicians call the first passages. All the writers on *materia medica* certainly teach otherwise. And we have had ocular demonstration from experiments of our own—in regard to many, if not the most, of these agents—that the book authorities are right. Nay, still more; we believe, most sincerely, that nearly every one of the above list of Thomsonian articles *has* other effects than those which the "Thomsonian" has ascribed to them, and that any person at all acquainted with medicine, and endowed with common sense, and a nervous system, who shall take them by spoonfuls and watch their effects, cannot fail to discover it.

To speak of the mineral medicines as being exclusively poisons, and of the vegetable ones as being always harmless, when the merest tyro in botany or *materia medica* knows it to be otherwise, is indeed passing strange. The vapor bath, which some of them use to a very great extent, whether medicated or otherwise, we have no doubt is a most efficient remedial agent, and worthy of a more conspicuous place in truly scientific medical practice than it has usually received. But we do think that it becomes men who talk so much about medical reform, to be consistent, both in their practice and in their public statements. We think, too, it behoves them to investigate carefully the whole subject. Thomsonians may prejudice the public mind against the practice of medicine, in every form, and thus, perhaps, bring us the earlier to demand universal instruction in anatomy, physiology and hygiene; though even of this we have many doubts.

We go for *science*, in medical practice and medical reform, whether we ourselves are the fortunate owners of the article or not. And by science in medicine, we mean large experience, not theory. If winter-green, from time immemorial, has been known to increase the action of the kidneys and bladder, or, at any rate, to increase the contents of the latter, then we class it with the diuretics; and the fact that it is a diuretic, we say is established by science. If camphor is known, universally, to produce giddiness or intoxication—as is most true—then we

say it is a narcotic, or an antispasmodic ; and we consider this as a matter of science.

We are ashamed of the narrow, selfish, revolutionary views of some of the botanic pretenders we have known ; to say nothing of the wretched personal habits of some of their number. Let us not be misunderstood. We do not know that we have had a fair sample of the men engaged in this work, or of the instruments and means by which they operate. But if we have, we cannot hope much from their efforts ; not even from the most decent efforts we have ever known—those of the "Thomsonian."

W. A. A.

Boston, January, 1839.

PROSPECTS OF THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF NEW YORK.

A CORRESPONDENT writes thus :—" Our University goes into operation next November. The lectures will be delivered in the university building (the finest specimen of the Gothic in the United States). The faculty is composed of a board of ordinary and one of extraordinary professors. The student is obliged to attend the former, while the courses of the latter, which it is optional with him to attend or not, present opportunities for obtaining knowledge upon the branches taught by the extraordinary professors, not to be found in any other medical college. The ordinary branches are Anatomy, Dr. Post ; Physiology, Dr. Doane ; Surgery, Dr. Parker ; Midwifery, Dr. Bedford ; Theory and Practice of Physic, Dr. Paine ; Materia Medica, Dr. Lee ; Chemistry, Dr. Draper. Of these, Dr. Bedford stands very high as a lecturer, uniformly giving great satisfaction to the student, and the most eloquent man, upon his branch, that I have heard in the U. S. Dr. Post is a thorough anatomist, and has had some experience in lecturing ; he is clear and concise. Dr. Parker is known throughout the United States, having lectured, probably, to more students than any man of his age. Dr. Paine's published performances have been well received, and his promised work is anxiously looked for by his medical brethren. Dr. Lee's treatise on physiology has met with deserved success, and a second edition of it is now in press. Since the year 1830, Dr. Doane's name has been affixed, as editor or translator, to no less than 20,000 vols. of medical books—he is destined for great distinction. Dr. Draper's peculiar fitness for the chair of chemistry is undoubted.

The extraordinary professorships will be about fifteen. Clinical Medicine, Clin. Surgery, Clin. Midwifery, Surg. Anatomy, Morbid Anatomy, Diseases of the Eye and Ear, do. of the Skin, do. of the Chest, Comparative Anatomy, Hygiene, Geology, Botany, Mineralogy, Pharmacy, a Lecturer in Dentistry, a Teacher of Anatomical and Pathological Delineation. Some of these chairs are still vacant. Most of these gentlemen will lecture during the summer.

In regard to prospects, notwithstanding the present low state of medical education in this city, the friends of medicine are by no means dis-

couraged, and already many pupils have signified to the professors elect their determination to attend their courses. The school, however, is regarded with an eye of doubt and jealousy by many. A year will determine, and let those laugh who win."

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 16, 1839.

DISEASES OF THE CHEST.*

It would hardly be worth while to make an attempt to convince our friends, at this late period, that the writings of the celebrated Laennec were entitled to respectful consideration. The fame of the author has been so widely extended, and his discoveries so highly appreciated by all intelligent practitioners of the healing art, throughout the civilized world, that nothing could be said to enhance the value of them or to lessen their influence. But since the death of Dr. Laennec, several men of distinguished attainments have commented upon his brilliant discoveries, and added the weight of their testimony to the truth of his observations, and thus, while verifying his precepts, have greatly extended the field of knowledge so successfully cultivated by that great pioneer in medical science.

The translation of Dr. Forbes was made from the third French edition, enlarged by copious notes, a sketch of the life of Laennec, and an extensive bibliography. Last year a fourth edition appeared in Paris, enriched with numerous notes by Professor Andral, of the Medical School, whose reputation is as extensive as the boundaries of medical literature. The great demand which prevails in this country for a work universally esteemed excellent, has induced the Messrs. Wood, of New York, to give the public a second American edition, which is more complete than any which has preceded it, the notes of Professor Andral having been carefully translated into English by John D. Fisher, M.D., of Boston, who has, also, actually added the amount of one hundred and fifty pages of entirely new matter to this edition. Thus we have now a most unexceptionable and valuable system of auscultation, illustrated by the labors of Dr. Meriadec Laennec, a relative of the author; and, in addition, the essentially practical observations of Dr. Fisher on cerebral auscultation, at the close of the volume. It may not be inappropriate to remark further, that there are two lithographic plates in this volume, delineating the shape and dimensions of the stethoscope.

The part which more particularly demands our interest in this edition, is that by Dr. Fisher, at the close, on cerebral auscultation. After detailing the circumstances which led him to this kind of exploration, he gives plain and simple rules for conducting inquiries, worthy of careful consideration.

"In practising cerebral auscultation," says Dr. F., "the person to be

* A Treatise on the Diseases of the Chest, and on Mediate Auscultation, by R. T. H. Laennec, M.D., &c. &c., to which are added the notes of Professor Andral contained in the fourth and latest French edition. Translated and accompanied with observations on Cerebral Auscultation, by John D. Fisher, M.D. With plates. New York: S. S. & W. Wood, 261 Pearl Street, 1838. 8vo., p. 764.

examined should be in a horizontal position, with his head supported by a pillow. If it be a child, the examination can be more satisfactorily made while it is asleep than when awake; for while the child is asleep, its head can be approached without danger of causing it to cry or become restless. The head to be examined should be covered by a cap, napkin, or some soft covering. Such a protecting medium will prevent noise, which, without it, might arise from the friction of the hair against the auscultators's ear and head. By attending to these precautions, I can, by applying my ear to the heads of healthy children, hear a sound which is evidently produced by the air impinging against the walls of the nasal cavities during the act of respiration," &c. "A second sound which strikes the ear, is one which seems to be transmitted from a distance. It is evidently that of the heart, and is a soft mellow sound, resembling that produced by softly palpating our cheeks when moderately distended by air."

To copy extensively would be an act of injustice towards the enterprising publishers, as well as to Dr. Fisher, who has rendered valuable service to the professional community by his labors in this important branch of medical investigation. We can cheerfully recommend the volume as eminently worthy of patronage. It is possible that a further notice may be given of Dr. Fisher's views, in a subsequent number.

Deaths in Penitentiaries.—During the year 1837, the number of deaths in various prisons in this country, was as follows. *In the State Prison of Maine*—deaths, 1; average number of deaths for 13 years, 1 1-7; the average number of prisoners, 80. *New Hampshire*—1, out of 72 prisoners; deaths in 21 years past, 20; the average number of prisoners, 70. *Vermont*—2 deaths. *Massachusetts*—5 deaths, out of an average of 284 prisoners. In 10 years past, average of deaths, 5 out of 270 inmates. *Connecticut*—1837 and 38, 4, or 1 in 49. Average number of deaths in 10 years preceding the last, 3, or 1 in 61. *New York—Auburn*, deaths, 19, out of 678 prisoners. Average number of deaths in 10 years, 12, out of 641 prisoners. *New York—Sing Sing*, deaths 20, out of an average of 753, or 1 in 37. Average mortality for 6 years, 22; the average of prisoners in the time being 814—the deaths, therefore, being 1 in 37. *New Jersey*—In 14 months preceding Sept. 30, 1837, 1. *Pennsylvania—Philadelphia*, average number of prisoners, 386—deaths, 17; per cent. 4.3. *Maryland—Baltimore*, 13 deaths. For 5 years, the average mortality was 1 in 34; in the past year only 1 in 30. *District of Columbia—Washington*, none in 1837. Only one death has occurred in the institution, which was established in April, 1831. *Tennessee*—number of prisoners in 1837, 122; the deaths in two years were 13. *Kentucky*—in 1837, the number of prisoners was 114, and the deaths 2. Forty or fifty prisoners were in the hospital at the same time, once or twice. *Ohio*—deaths, 9; the average number of prisoners being 355. The preceding year the deaths were 11, and the whole number of inmates 290. *Louisiana—Baton Rouge*, deaths, 7; the number of prisoners being 112.

It is worthy of observation that a careful attention is paid to ventilation and perfect cleanliness in the cells of all these prisons. If anything is essential to the health of the prisoners, where such numbers are congregated, it must be an unvitiated atmosphere. Considering the aggregate of persons in confinement, the mortality has certainly been exceedingly small.

Boston Medical Association.—A pleasant meeting of the Boston Medical Association was held at Dr. Hildreth's, Lagrange Place, on Friday evening last. Nothing contributes more to a good understanding among the members of the profession in cities, than frequent social intercourse. We hope, therefore, the spirit which has thus far characterized these in Boston, will always be cherished with increasing interest.

Mortality of Boston in 1838.—The city has never been freer from epidemics in any period of its history, perhaps, than the past year. The total mortality was 1920 only. Consumption, as usual, was the most formidable disease in the catalogue—256 having been swept away by it. Of infantile complaints, 112; unknown diseases, 182; and of old age, 65. We are struck, particularly, with the number of stillborn—121. The population of the city is supposed to be not far from eighty-two thousand.

Philadelphia Medical Society.—From the Medical Examiner is extracted the following list of officers, of the Philadelphia Medical Society, for 1839. The annual election was held January 2d. Dr. Thomas Harris was elected President; Drs. S. Jackson and R. Coates, Vice Presidents; Dr. Bond, Treasurer and Orator; Drs. B. H. Coates, Warrington and White, Secretaries; Dr. Johnston, Librarian; Drs. Brewer, Kirkbride, J. Parish, West and Patterson, Curators.

Important Surgical Operation.—Early in September last a rencounter took place between Mr. T., a stout, muscular young man, residing in Saugerties, Ulster co., and one of his neighbors. In the course of the affray Mr. T. received a stab near the left shoulder, which wounded the main artery a little below the collar bone, and nearly terminated his life upon the spot. The bleeding, however, was arrested, and the wound was healed, but not without the formation of a bloody tumor, which, in two weeks from the time when the wound was given, appeared to be on the point of bursting.

At this time the operation of dissecting down and tying the subclavian artery was performed by Dr. G. H. White, of Hudson, assisted by Dr. S. White, and by Drs. W. and B. Dewitt. The operation was successful. On the seventeenth day the ligature came away, and in three weeks the wounds were healed. This man may be truly said to have had a very narrow escape—first, from a very severe and dangerous wound, and, secondly, from a difficult and hazardous operation.—*N. Y. Spectator.*

Intense Headache induced by the presence of Grubs in the Frontal Sinuses.—A woman presented herself, recently, at the Hospital at Sienna, complaining of intense headache. The pain was most severe over the forehead; and often it was so distressing that she became delirious. She said that, some time before, a common fly had got up one of her nostrils, but whether it ever came out again she did not know. The physician in attendance suspecting that there might possibly be some of its ova deposited in the nasal cavities, advised her to fumigate her nostrils with the vapor of some anthelmintic substance. Judge, then, of her surprise when, a few hours afterwards, she found that several full-formed grubs were discharged. Upwards of fifty came away during the course

of the next week. These grubs were at once recognized to be those of the common flesh-fly (*moscadi carne*). To prove that there was no mistake, several of them, being kept in favorable circumstances, passed from the state of chrysalis to that of a perfect fly. The woman was at once relieved from all her sufferings.—*Bulletin Med. Belges*.

The Blood.—Professor Mitscherlich has performed a variety of experiments for the purpose of determining whether substances introduced into the animal economy cause any appreciable change in the blood, but the results obtained have unfortunately been, for the most part, negative. He has, however, ascertained that most substances act only on the globules of the blood when placed in immediate contact with them; for if they are submitted to the influence of digestion and absorption, they undergo certain changes which totally destroy their powers; thus acetic acid, oxalic acid and ammonia will not dissolve the globules, unless injected directly into the veins or arteries. Solutions of the sulphate of iron, and sulphate of copper, when introduced through the stomach, seem to exercise an influence on the blood, but if mixed directly with the latter they produce an evident irregularity in the form of the globules.—*Müller Arch. and Arch. de Med.*

Sudden Death.—In a memoir on the causes and frequency of sudden death, M. Devergie analyses forty cases which he had observed, and shows, contrary to the vulgar opinion, that apoplexy is much less frequently the cause of sudden death than is imagined; of the forty cases only one was produced by apoplexy. Pulmonary congestion is a much more frequent cause; this has been observed by M. Devergie in twelve cases singly, and in twelve others combined with congestion of the brain. Finally, he asserts that syncope may terminate in death, without the occurrence of any organic lesion.—*Arch. de Med.*

New York University.—The editor of the Examiner is constantly opening phials upon the heads of the counsellors—touching the organization of the faculty of medicine. As nearly as we can discover, there is too much machinery in the institution, or there would be less friction. If energy of character, genuine talent and tact are desirable qualifications in a professor, we have entire confidence in the success of some of the gentlemen elected. That there will be drones and dead weights in the hive, is to be expected—and some injudicious, indiscreet members of the council; but on the whole, the aspect of affairs is certainly of an encouraging character.

TO CORRESPONDENTS.—Dr. Alexander's paper on the capillaries of the eye, and other favors, have been received.

DIED.—In Brimfield, Mass., Dr. Orson Parker, aged 30.—At Hartford, Conn., Dec. 28th, Dr. Dwell Morgan, an eminent surgeon, 74.

Whole number of deaths in Boston for the week ending Jan. 12, 28. Males, 17—females, 11.

Of consumption, 2—scarlet fever, 11—measles, 1—marasmus, 1—dysentery, 1—lung fever, 3—disease of the heart, 1—fits, 1—child-bed, 1—croup, 1—burn, 1—sudden, 1—affection of the heart, 1—enlargement of the heart, 1—stillborn, 2.

AMERICAN MEDICAL ALMANAC.

American Medical Almanac, for 1839—designed for the daily use of Physicians, Surgeons, Students, and Apothecaries; being, also, a general Medical Directory of the United States. By J. V. C. Smith, M.D., Editor of the Boston Medical and Surgical Journal. Published by Marsh, Capen & Lyon, 133 Washington street, Boston.

J 16.

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical science, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.,
WINSLOW LEWIS, Jr.

Oct 31—eptf

NEW LEECH ESTABLISHMENT.

THE medical profession are hereby informed that the subscriber has made such arrangements that he will be able to supply them with the best Foreign Leeches, at the lowest market price. They will be safely put up in boxes, with the clay in which they were imported. Physicians may be certain that careful attention will be given to their orders.

SETH W. FOWLE,

Oct. 17—lycep

33 Prince St. corner of Salem St. Boston.

MEDICAL SCHOOL OF MAINE.

THE Medical Lectures at Bowdoin College will commence on Monday, the 18th day of February, 1839.

Anatomy and Surgery, by JOSEPH ROBY, M.D., of Boston.

Theory and Practice of Physic, Obstetrics, and Medical Jurisprudence, by JAMES McKENZIE, M.D.

Chemistry and Materia Medica, by PARKER CLEVELAND, M.D.

The Anatomical Cabinet and the Library are annually increasing.

Every person becoming a member of this Institution, is required previously to present satisfactory evidence of possessing a good moral character.

The amount of fees for the lectures is \$50, payable in advance. The lectures continue three months.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.

Brunswick, Me., October, 1838.

P. CLEVELAND, Secretary.

D. 5—eop6t

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post-paid*, without which no letter will be taken from the post office.

Oct. 25.

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallest and varioloid diseases. They will receive clinical instruction upon the cases which they witness, and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of Practical Anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.
H. I. BOWDITCH, M.D.
J. V. C. SMITH, M.D.
H. G. WILEY, M.D.

July 25—eoptN—emtJy

ORTHOPEDIQUE INFIRMARY

FOR THE TREATMENT OF SPINAL DISTORTIONS, CLUB FEET, ETC.

At 65 Belknap Street, Boston. Patients from a distance can be accommodated with board in the immediate neighborhood.

JOHN B. BROWN, M.D., Surgeon.

We the subscribers approve of Dr. J. B. Brown's plan of an infirmary for the treatment of Spinal Affections, Club Feet, and other Distortions of the human body, and will aid him by our advice whenever called upon.

John C. Warren, George Hayward, Edward Reynolds, Jno. Randall, J. Mason Warren, John Jeffries, John Homans, M. S. Perry, W. Channing, George C. Shattuck, J. Bigelow, Enoch Hale, W. Strong, George Parkman, D. Humphreys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. H. Lane, Edw. Warren, Geo. B. Doane, John Ware, George Bartlett, John Flint.

Boston, August 1, 1838.

tf.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy gratis.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.